

VARICELLA (Chickenpox) Reporting Form
Kansas Department of Health and Environment

Patient Information	Today's Date: ____ / ____ / ____ Is this case outbreak-related? (circle one) Y N Unknown		
	Patient's Name: _____ <div style="text-align: center;">Last First Middle</div>		
	Day Phone: _____ Evening Phone: _____		
	Residential Address: _____		
	City: _____ Zip: _____ County: _____		
	Ethnicity: (circle one) Hispanic or Latino Not Hispanic or Latino Unknown		
	Race: (circle all that apply) American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Unknown		
Clinical Information	Date of Rash Onset: ____ / ____ / ____ OR 1st date child absent due to chickenpox: ____ / ____ / ____		
	Severity of Varicella: <input type="checkbox"/> Mild (<50 lesions) <input type="checkbox"/> Moderate (50-500 lesions) <input type="checkbox"/> Severe (>500 lesions)		
	Hospitalized? (circle one) Y N Unknown Died? (circle one) Y N Unknown		
	Diagnosed by: (circle one) Parent Physician/Nurse School Self Other _____		
	Received previous varicella vaccine? (circle one) Y N Unknown		
	If yes, dates: Varicella (VZV) dose 1 ____ / ____ / ____ Varicella (VZV) dose 2 ____ / ____ / ____		
	Laboratory	Specimen Collection Date: ____ / ____ / ____	
Type of Test Performed: _____		Results of Test: _____	
Name of Laboratory: _____		Laboratory Results Attached? Y N	

Name of person reporting: _____ **Phone:** _____

Agency/Organization Name: _____

Type: (circle one) School Pre-school/Childcare Physician Health Department Laboratory

Comments: _____

Mail or Fax reports to your local health department or to:
 BEDP – Disease Surveillance, 1000 SW Jackson, Suite 210, Topeka, KS 66612-1274
FAX Toll-free to: 1-877-427-7318

For additional Varicella Reporting forms and information: <http://www.kdhe.state.ks.us/chickenpox/index.html>